Items 3, 8, 9; Film E-3, 1/31/52

12553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton · LENGTH OF STAY (in this place): 3 hours - 55 min.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hosp.	STREET ADDRESS (If rural, give location): 201 Goldsboro St.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) S. Jones	(Last) Allen	4. DATE OF DEATH	(Month) Dec (Day) 19 (Year) 1951
5. SEX: M	6. COLOR OR RACE: White	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: Oct 18, 1868	9. AGE last birthday: 83 84 yrs.	If under 1 year: Months 2 Days 1; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Agent Insurance = Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Delaware	12. CITIZEN OF WHAT COUNTRY: U S A		
13. FATHER'S NAME: Mr Benjamin Allen	14. MOTHER'S MAIDEN NAME: Josephine Jones				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: unknown	17. INFORMANT AND ADDRESS: Mrs Alice H. Allen			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	14 hours
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
61	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July, 1945, to Dec. 19, 1951, that I last saw the deceased alive on Dec. 19, 1951, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. V. Palmer	M.D.	Easton, Maryland	12/25/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 12/22/51	NAME OF CEMETERY OR CREMATORY: Grace Lawn Mem. Park	LOCATION (City, town, or county): Wilmington	(State): Del.
DATE REC'D BY LOCAL REG.: 12/21/51	REGISTRAR'S SIGNATURE: N. H. Neerus	24. FUNERAL DIRECTOR: John A. Williams	ADDRESS: Easton, Md.	

450736

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1952
BUREAU V. S.

12554

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton — LENGTH OF STAY (in this place) 6 months — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Rust	Chandler	Dec.	27	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	May 11, 1903	54 yrs.		16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal Business	Coal	Cleveland, Ohio	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Newcombe Chandler	Laura Gertrude Rust.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		Elizabeth Chisholm Chandler, Easton.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gsw head	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
suicide	farm	nr Easton	Talbot	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED: While at Work ☐ Not While at Work ☒	HOW DID INJURY OCCUR?
12 27 57 6:10 A.m.		Gsw head - shotgun

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:10 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Mertz MD	DMR.	Easton Md	12-27-57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 28 1957	Lake Side Memorial	Cleveland, Ohio.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/28/57	N. H. Nevins	John A. Williams	Easton, Md.

9706 97

RECEIVED
JAN 2 1952
BUREAU V. S.

12556

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 12 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. Charles (Middle) Herbert (Last) Fearins
4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb 26, 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman State Road
10b. KIND OF BUSINESS OR INDUSTRY Md
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr Henry Fearins
14. MOTHER'S MAIDEN NAME Mary Murphy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ~~unknown~~ no
17. INFORMANT Mrs Grace E. Bowman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock - bilat. fract. legs - chest + head injury

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

1702 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) in Harmony (COUNTY) Caroline (STATE) Md
TIME OF INJURY (Month) 12 (Day) 4 (Year) 51 (Hour) 7P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? In auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Mutty MD (Degree or title) DME ADDRESS Easton Md 730 AM DATE SIGNED 12-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/8/51
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REG. 12/6/51
REGISTRAR'S SIGNATURE N. H. Neires
24. FUNERAL DIRECTOR J J Frampton Son ADDRESS Federalsburg Md.

523246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jean (Middle) (Last) Gache

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 9, 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sick Dye Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Marie Gache

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	(b) Nephrosclerosis	?
131a stating the underlying cause last	(c) arteriosclerosis, Generalized	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. B-P. 14.

19a. DATE OF OPERATION: 12/21/57

19b. MAJOR FINDINGS OF OPERATION: B-P. 14

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17/, 1957, to 12/24/, 1957, that I last saw the deceased alive on 12/24/, 1957, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Cox M.D. Easton Md 12/25/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/27/57

NAME OF CEMETERY OR CREMATORY: Paterson

LOCATION (City, town, or county) (State): Paterson N.J.

DATE REC'D BY LOCAL REG. 12/25/57

REGISTRAR'S SIGNATURE: N. A. Nevins

24. FUNERAL DIRECTOR: R.B. Rawlings

ADDRESS: Greensboro Md

970 437

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JAN 2 1952
BUREAU V. S.

12557

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro Md.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) E (Last) Tale
4. DATE OF DEATH (Month) Dec. (Day) 27 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan 23, 1867
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Joseph Stewart
14. MOTHER'S MAIDEN NAME Marcella Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Miss Mildred Tale Hillsboro, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aneurysm of abdominal aorta - to rupture

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, general

97 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1951, to 27 Dec, 1951, that I last saw the deceased alive on 26 Dec, 1951, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

SIGNATURE Thurston Hamilton (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 27 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Dec. 30
NAME OF CEMETERY OR CREMATORY Greenmount Cem. Hillsboro Md. Caroline
LOCATION (City, town, or county) (State) Md.
DATE REC'D BY LOCAL REG. 12/29/51
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR J. Virgil Moore & Son. ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1958
BUREAU V. S.

12558

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS AURORA STREET

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
STREET ADDRESS (If rural, give location) AURORA STREET

3. NAME OF DECEASED (Type or Print) (First) FILOMENA (Middle) TALARICA (Last) GILLOTTI

4. DATE OF DEATH (Month) DEC. (Day) 9 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH JAN. 15 1868
9. AGE last birthday 83 yrs. If under 1 Months 10 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (State or foreign country) PETRONA, ITALY
12. CITIZEN OF WHAT COUNTRY? ITALY

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. JAMES C. LATHAM, EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH yrs.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to Nov., 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 4:30 pm., from the causes and on the date stated above.

SIGNATURE Shepard Kirch Jr. (Degree or title) M.D. ADDRESS Easton DATE SIGNED 12/10/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 12 1951
NAME OF CEMETERY OR CREMATORY MT. ERIN CEMETERY
LOCATION (City, town, or county) HARVE DE GRACE (State) MD.

DATE REC'D BY LOCAL REG. 12/9/51
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR John D. Williams ADDRESS EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels. — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Elizabeth (Last) Grace
4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1951

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Feb. 6, 1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward O. Hamilton
14. MOTHER'S MAIDEN NAME: Sarah McQuay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Miss Ruth Grace, St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83X5 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 194.., to 16 ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 18 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/19/51 — NAME OF CEMETERY OR CREMATORY: Olivet Cemetery — LOCATION (City, town, or county) (State): St. Michaels Md.

DATE REC'D BY LOCAL REG.: Dec 18/51 — REGISTRAR'S SIGNATURE: Mrs Robt. L. Seth — 24. FUNERAL DIRECTOR: S. H. Harrison — ADDRESS: St. Michaels Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Green

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1951

5. SEX M

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Jan 22, 1883

9. AGE last birthday 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ingram Green

14. MOTHER'S MAIDEN NAME Bell Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Bessie Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) The mouth

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☒ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 19.51, to 12/29, 19.51, that I last saw the deceased alive on 12/29, 19.51, and that death occurred at 7:33 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 2/52 NAME OF CEMETERY OR CREMATORY Trappe Cemetery LOCATION (City, town, or county) (State) Trappe, Md

DATE REC'D BY LOCAL REG. 1/30/52 REGISTRAR'S SIGNATURE W. H. Nelms 24. FUNERAL DIRECTOR Charles Stafford ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 55 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital Easton Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last)

4. DATE OF DEATH (Month) Dec. (Day) 7 (Year) 1951

5. SEX M
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 1, 1890
9. AGE last birthday 61 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Samuel Henry
14. MOTHER'S MAIDEN NAME Leza Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Rebecca Murray (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Debility

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Stomach

46 b (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 25 51
19b. MAJOR FINDINGS OF OPERATION C. A. Stomach, Gastro-Enterostomy
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-13, 1951, to 12-7, 1951, that I last saw the deceased alive on 12 7, 1951 and that death occurred at 12:00 pm m., from the causes and on the date stated above.

SIGNATURE M N Palmer (Degree or title) ADDRESS Easton Md DATE SIGNED 12/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/11/51
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) (State) Near Goldsboro

DATE REC'D BY LOCAL REG. 12/8/51
REGISTRAR'S SIGNATURE N. H. Nurus
24. FUNERAL DIRECTOR R. B. Rawlings Greensboro Md. ADDRESS

12562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 308 South St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Asbury (Last) Holliday

4. DATE OF DEATH (Month) 12 (Day) 27 (Year) 1951

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-28-1905
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butler
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Centreville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Carter
14. MOTHER'S MAIDEN NAME Francis Holliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-12-1384
17. INFORMANT AND ADDRESS Marion Holliday, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 36 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94 a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to 12/27, 1951, that I last saw the deceased alive on 12/27, 1951, and that death occurred at 6 45 P. m., from the causes and on the date stated above.

SIGNATURE Shepard Krech Jr (Degree or title) M.D. ADDRESS Easton DATE SIGNED 12/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-31-51
NAME OF CEMETERY OR CREMATORY Richardson Cemetery
LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REG. 12/27/51
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR James B. Cashiell, Salisbury, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman
MARYLAND
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wittman. Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Walter (Last) Jones

4. DATE OF DEATH (Month) Dec. (Day) 29 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb 24 1893

9. AGE last birthday 58 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Builder

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wittman Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John R. Jones

14. MOTHER'S MAIDEN NAME Mary E. Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Walter Jones, Wittman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 10 min

2602 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes arteriosclerosis — 5 yrs

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 50, to June ..., 19 50, that I last saw the deceased alive on Oct 16 ..., 19 51, and that death occurred at 1.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd Reed M.D. ADDRESS Tilghman Md DATE SIGNED Dec 29 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec 31, 1951

NAME OF CEMETERY OR CREMATORY Oxnet Cemetery

LOCATION (City, town, or county) St. Michaels (State) Md

DATE REC'D BY LOCAL REG. DEC. 29-51

REGISTRAR'S SIGNATURE G. Wesley Lowell

24. FUNERAL DIRECTOR C.H. Harrison, St. Michaels. Md ADDRESS

31 1952

12562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Talbot. STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
   LENGTH OF STAY (In this place): 3 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Caroline
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Emile (Last) Kendall

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: Oct 18, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trained nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr William M Todd

14. MOTHER'S MAIDEN NAME: Ella H Emrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Thomas Connelly Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral embolism - right — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1951, to Dec 30, 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 2:20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] M.D. ADDRESS: Easton, Maryland DATE SIGNED: Dec 30 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 2, 1952 — NAME OF CEMETERY OR CREMATORY: Denton — LOCATION (City, town, or county) (State): Denton, Maryland

DATE REC'D BY LOCAL REG. 12/31/51 — REGISTRAR'S SIGNATURE: M. H. Nevins

24. FUNERAL DIRECTOR (ADDRESS): J. Virgil Moore & Son Denton Md.

C-1 VVV

12565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY: Talbot. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 28 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harwood (Middle) Albert. (Last) Leonard.			4. DATE OF DEATH (Month) Dec. (Day) 8 (Year) 1951	
5. SEX: Male.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.	8. DATE OF BIRTH: March 14, 1877	9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rural Mailman U.S. Govt.	10b. KIND OF BUSINESS OR INDUSTRY: Retired		11. BIRTHPLACE (State or foreign country): Md	12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Mr Thomas Leonard			14. MOTHER'S MAIDEN NAME: Olexia Parrott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: unknown		17. INFORMANT: Mrs Lola M. Leonard	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis —	27 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	?
	(c) HCVD - cardiac failure	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11 Nov, 1951, to 8 Dec, 1951, that I last saw the deceased alive on 8 Dec, 1951, and that death occurred at 1 A.m. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Newton Harrison	M.D.	Easton, Maryland	8 Dec 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/10/51	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REG. 12/9/51	REGISTRAR'S SIGNATURE N. H. Neeres	24. FUNERAL DIRECTOR [signature]	ADDRESS Easton

335906

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1951
BUREAU V. S.

12566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - CORDOVA
LENGTH OF STAY (in this place) 6 MONS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NORTH CAROLINA COUNTY JOHNSTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILSON
STREET ADDRESS (If rural, give location) 707 E. GREEN ST. ✓

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) (Last) NUNN
4. DATE OF DEATH (Month) DEC. (Day) 14 (Year) 1951

5. SEX MALE
6. COLOR OR RACE COLORED
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH NOV. 2, 1917
9. AGE last birthday 34 yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY CANNING
11. BIRTHPLACE (State or foreign country) JOHNSTON CO. WILSON MILLS, N.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BERRY NUNN
14. MOTHER'S MAIDEN NAME SUSIE BENSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service) UNKNOWN
16. SOCIAL SECURITY No. 242-14-7841
17. INFORMANT AND ADDRESS THOMAS DURANT, WILSON, N.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia - body partially consumed by fire

91

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

180

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Cordova (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 12 (Day) 14 (Year) 51 (Hour) c10 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? fire in cannery shack

22. I hereby certify that I attended the deceased from DM, 19....., to....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Louis Whitby MD (Degree or title) D.M.E. ADDRESS Easton Md DATE SIGNED 12-17-51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF DEC. 19, 1951
NAME OF CEMETERY OR CREMATORY WILSON MILLS CEMETERY
LOCATION (City, town, or county) WILSON MILLS (State) N.C.

DATE REC'D BY LOCAL REG. 12/15/51
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR John A. Williams ADDRESS

770246 EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

EIVED
DEC 27
BURE V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County — MARYLAND Easton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Md R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Mrs (First) Eva (Middle) Agnes (Last) Perry
4. DATE OF DEATH (Month) Dec (Day) 20 (Year) 1951
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Oct 20, 1888
9. AGE last birthday 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr Jerome Chambers
14. MOTHER'S MAIDEN NAME Annie R. Todd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-20-5752
17. INFORMANT Mr Emmett Perry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation — 4 days

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bulbar Polio — 2 yrs

108 (c) Lobar Pneumonia — 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1939, to December 20, 1951, that I last saw the deceased alive on 12/20, 1951, and that death occurred at 7 45/pm m., from the causes and on the date stated above.

SIGNATURE Lucy B Pennell (Degree or title) IX, 17 — ADDRESS Preston Maryland — DATE SIGNED 12/22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/23/51 — NAME OF CEMETERY OR CREMATORY Lunchester — LOCATION (City, town, or county) Preston (State) Md

DATE REC'D BY LOCAL REG. 12/21/51 — REGISTRAR'S SIGNATURE N. H. Neirus — 24. FUNERAL DIRECTOR J J Frampton Son — ADDRESS Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important: Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 2
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Easton, (Dupper Rd)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Harrison (Last) Schuyler.
4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1957

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 10-12-1890
9. AGE Last birthday: 66 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Suffolk
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Samuel Schuyler.
14. MOTHER'S MAIDEN NAME: Mary Jane Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 218-14-4385
17. INFORMANT AND ADDRESS: Lee Schuyler - Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach — 2 mo
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
46X (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

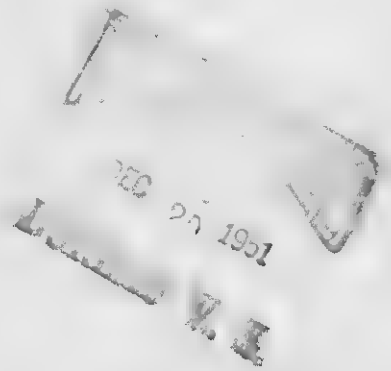
22. I hereby certify that I attended the deceased from 11-10, 1957, to 12-13, 1957, that I last saw the deceased alive on 12-12, 1957, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE: H. C. Fisher — (Degree or title) Dr — ADDRESS Easton — DATE SIGNED 12-17-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 17 1957
NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery
LOCATION (City, town, or county) (State): Easton, Talbot Md

DATE REC'D BY LOCAL REG.: 12/14/57
REGISTRAR'S SIGNATURE: M. L. Merrick
24. FUNERAL DIRECTOR — ADDRESS: Maurice E. Tarr & Son.

341



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County — Easton. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Kw.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Denton Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Helen (Last) Scott
4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 1951
5. SEX Female
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1
8. DATE OF BIRTH 1/5/1888
9. AGE last birthday 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Washington
14. MOTHER'S MAIDEN NAME Ann Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ossie T. Scott 324 Park avenue, Fed. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac [illegible]

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2[illegible], 19[illegible], to [illegible], 1951, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 3:00 p.m. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/11/51 — NAME OF CEMETERY OR CREMATORY Federal Hill — LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REG. 12/7/51 — REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J J Trampton Son, Federalsburg ADDRESS Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) B. (Last) Turner
4. DATE OF DEATH (Month) Dec (Day) 3 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 29, 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md (Centreville)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr George A. Whitley
14. MOTHER'S MAIDEN NAME Alice Story

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mr Hackett Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] 3 [illegible]

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] ?

13d (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible] ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/5/51
NAME OF CEMETERY OR CREMATORY Poplar Grove Farm
LOCATION (City, town, or county) (State) Centreville, Md - RD
DATE REC'D BY LOCAL REG. 12/4/51
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR Barton Bros Centreville Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 244

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tilghman

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Garrison (Middle) (Last) Turpin

4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1951

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH

9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY Parking House

11. BIRTHPLACE (State or foreign country) Fairmount Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jack Turpin

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 25-10-3557

17. INFORMANT AND ADDRESS Samuel Burton - St. Michaels Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c) ✓

INTERVAL BETWEEN ONSET AND DEATH 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Dec 28, 1951, that I last saw the deceased alive on ....., 1950, and that death occurred at 4:30 p m. from the causes and on the date stated above.

SIGNATURE (Degree or title) George M Reese Mgr. ADDRESS Tilghman Md. DATE SIGNED Dec 31 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-3-51

NAME OF CEMETERY OR CREMATORY Bethlehem

LOCATION (City, town, or county) (State) Bethlehem - Caroline Co. Md.

DATE REC'D BY LOCAL REG. 12/31/51

REGISTRAR'S SIGNATURE G. P. Jackson

24. FUNERAL DIRECTOR J. Leeds Moore - Tilghman - Md. ADDRESS

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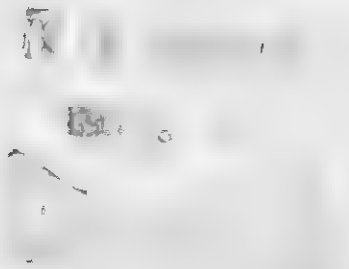

12572

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 9 hrs 38 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton RD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Whitby

4. DATE OF DEATH (Month) Dec. (Day) 23 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) N.B.
8. DATE OF BIRTH 12-22-51
9. AGE last birthday N.B. yrs. If under 1 year Months Days If under 24 hrs. Hours 9 Min. 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond Albert Murphy
14. MOTHER'S MAIDEN NAME Dorothy Margaret Whitby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage (sub-tentorial)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (3* 2oz)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19—, to 12-23, 1951, that I last saw the deceased alive on —, 19—, and that death occurred at 7:38 a.m., from the causes and on the date stated above.

SIGNATURE John E. Baybutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 12-23-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12-23-51 NAME OF CEMETERY OR CREMATORY Memorial Hospital LOCATION (City, town, or county) Memorial Hospital (State) Easton Md

DATE REC'D BY LOCAL REG. 12/23/51 REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 2 19..
BUREAU V. S.

Item 9 FilmG158 1/15/52 whw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [redacted] is especially important. Physicians: [redacted]te the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 4 hrs +
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Sadie Wilkens
4. DATE OF DEATH (Month) (Day) (Year): Dec. 29 1957
5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: ?
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-W
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry French
14. MOTHER'S MAIDEN NAME: Agnes Ford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Harrison Wilkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2nd + 3rd degree burns entire body

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): home
(CITY OR TOWN): Centreville (COUNTY): QA (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 12 28 51 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? starting fire c̄ kerosene

22. I hereby certify that I attended the deceased from 12/28, 1957, to 12/29, 1957, that I last saw the deceased alive on 12/29, 1957, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE: Louis Whitty MD — (Degree or title): Dpm — ADDRESS: Easton Md — DATE SIGNED: 12-29-57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/2/52 — NAME OF CEMETERY OR CREMATORY: Grasonville Md — LOCATION (City, town, or county) (State): Grasonville, Md

DATE REC'D BY LOCAL REG.: 12/31/57 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton Md

[illegible]
[illegible] 8 [illegible]
[illegible]

12574

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS Centerville Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Wm (Middle) G. (Last) Wilkinson
4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 23, 1865
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer
10b. KIND OF BUSINESS OR INDUSTRY Dry Employed.
11. BIRTHPLACE (State or foreign country) Queen Anne County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Wilkinson
14. MOTHER'S MAIDEN NAME Tida Dewey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Bates Pistor, Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis, generalized — General yrs

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

195e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip — 3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 12/31/, 1951, that I last saw the deceased alive on 12/28/, 1957, and that death occurred at 5 30/a m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 12/31/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/2/52
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REG. 1/2/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR R. Ellis Clark ADDRESS Easton Md

504246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 19[illegible]
BUREAU W. SS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12575

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY (In this place) DOA; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural; STREET ADDRESS (If rural, give location) Near Harmony

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) E.; (Last) Williamson

4. DATE OF DEATH: (Month) December; (Day) 4; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 30, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Cox

14. MOTHER'S MAIDEN NAME: Willie Dillon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-05-8843

17. INFORMANT AND ADDRESS: Mrs. Edward C. Williams, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple fractures, int. injuries, Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

816.5

170 C

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hiway (CITY OR TOWN) W. Harmony (COUNTY) Caroline (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 12 4 51 c 7 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Pass. in auto collision

22. I hereby certify that I attended the deceased from Dec 4, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis Mackey MD DMR ADDRESS Easton, Md DATE SIGNED 12-5-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Dec. 7, 1951; NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery; LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. 12/5/51; REGISTRAR'S SIGNATURE M. H. Norris

24. FUNERAL DIRECTOR ADDRESS J.J.Framptom and Son, Federalsburg, Md.

RECEIVED
DEC 17 1951
BUREAU V. S.